



02-16-05

Docket No.: VWAVE.001CP2RC1

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RCE/3737
JW
\$**REQUEST FORM FOR CONTINUED EXAMINATION (RCE)
UNDER 37 CFR 1.114**

**MAIL STOP RCE
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450**



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PATENT & TRADEMARK OFFICE

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Date of Deposit: Monday, February 14, 2005

By

Robert F. Gazdzinski
Robert F. Gazdzinski
Reg. No. 39,990

Dear Sir,

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of prior Application No. 09/815,982 filed on March 22, 2001, entitled METHOD AND APPARATUS FOR THE NONINVASIVE ASSESSMENT OF HEMODYNAMIC PARAMETERS INCLUDING BLOOD VESSEL LOCATION, having the same title, by inventor(s): Frank R. Miele, Ronald Mucci and Gail D. Baura. Applicant(s) request that the file jacket and entire contents of prior Application No. 09/815,982 filed on March 22, 2001 be considered.

Enclosed are the following documents:

- (X) Amendment and Response to Final Office Action (13 Pages).
- (X) Information Disclosure Statement citing twenty-three (23) references (2 Pages).
- (X) Form PTO-1449 enclosing twenty-three (23) references (2 Pages).

The fee has been calculated as shown below:

CLAIMS AS FILED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Basic Fee					\$395.00	\$395.00
Total Claims	13	MINUS	13	= 0 X	\$ 25	= \$0.00
Independent Claims	39	MINUS	40	= 0 X	\$100	= \$0.00
If application has been amended to contain multiple dependent claim(s), then add					\$180	= \$0.00
TOTAL ADDITIONAL FEE FOR THIS APPLICATION						\$395.00


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01 FC:2801 395.00 DP

- (X) Applicant claims small entity status. (See 37 CFR 1.27).
- (X) A check in the amount of \$395.00 is enclosed pursuant to 37 C.F.R. 1.17(e), representing the required RCE fee for a small entity.
- (X) The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required, or credit any overpayment to Deposit Account No. 501423. A duplicate copy of this sheet is enclosed.
- (X) Return prepaid postcard.

Address all future communications to:

Gazdzinski & Associates
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Telephone (858) 675-1670
Facsimile (858) 675-1674

Date: 2/14/05

Signature: 
Robert F. Gazdzinski
Registration No. 39,990
Attorney of Record